MARYLAND STATE DEPARTMENT OF HEALTH 12245

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 190 ~~191~~

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge (rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1 approximately 1 ½ mile south of Elkridge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5400 Bell Place N.E.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Frances (Last) Chapman
4. DATE OF DEATH (Month) 12 (Day) 1 (Year) 51 19

5. SEX F
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 12-25-32
9. AGE last birthday 18 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Concord North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank Sloan
14. MOTHER'S MAIDEN NAME Betty Chapman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Betty Chapman, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Skull fracture at base — instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

816.5

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY U.S. Route #1 (CITY OR TOWN) Near Elkridge (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 1 (Year) 1951 (Hour) 8 15 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto in which deceased was passenger struck another car - turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burgtorf (Degree or title) M.D. Deputy Medical Examiner for Howard Co.
ADDRESS Ellicott City, Md.
DATE SIGNED 12-1-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-5-51
NAME OF CEMETERY OR CREMATORY Lincoln Cemetery
LOCATION (City, town, or county) Wash (State) D.C.

DATE REC'D BY LOCAL REG. 12/2/51
REGISTRAR'S SIGNATURE John B. Lingman Pr. B&L
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md ADDRESS

Miss G. Bird Williams, Registrar 12-4-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 5 1951
BUREAU V. S.

12246

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cooksville
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mabel (Middle) Gertrude (Last) Dansinger
4. DATE OF DEATH (Month) Dec. (Day) 6 (Year) 1951
5. SEX F.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 16, 1890
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Howard Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jesse L. Brandenburg
14. MOTHER'S MAIDEN NAME Florence Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war, or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. Edward Dansinger - Sykesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrage

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease

93d (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to Dec 6 1951, that I last saw the deceased alive on Dec 6, 1951, and that death occurred at 12:35 P. m., from the causes and on the date stated above.

SIGNATURE H. H. Barnes (Degree or title) MD ADDRESS Sykesville Md DATE SIGNED 5/7/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-9-51
NAME OF CEMETERY OR CREMATORY Mt View
LOCATION (City, town, or county) Howard Co. (State) Md.

DATE REC'D BY LOCAL REG. Dec. 8, 1951
REGISTRAR'S SIGNATURE E. Pearl Mercer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 10 1951
BUREAU V. S.

12247

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ~~191~~ 195

1. PLACE OF DEATH: COUNTY HOWARD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL SAVAGE
LENGTH OF STAY (In this place) 5 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. ROUTE #1 1/4 mile South of Savage R.R. Crossing

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DISTRICT of COL. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON, D.C.
STREET ADDRESS (If rural, give location) 519 La BAUM St. S.E.

3. NAME OF DECEASED (Type or Print) (First) RAYMOND (Middle) EARL (Last) KING
4. DATE OF DEATH (Month) 12 (Day) 3 (Year) 1951
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1-6-1907
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) fireman
10b. KIND OF BUSINESS OR INDUSTRY PENN. R.R.
11. BIRTHPLACE (State or foreign country) WASHINGTON, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME FRANK KING
14. MOTHER'S MAIDEN NAME ESTELLE OWENS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 578-03-8781
17. INFORMANT AND ADDRESS MRS. NEVA D. KING

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture of skull at base — INTERVAL BETWEEN ONSET AND DEATH: instant.

816.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170C

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route #1 (CITY OR TOWN) Near Savage (COUNTY) Howard (STATE) Md
TIME OF INJURY (Month) 12 (Day) 3 (Year) 1951 (Hour) 7 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Deceased's car swerved across road and struck another car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Bingtorf (Degree or title) M.D. ADDRESS Ellicott City DATE SIGNED 12-3-51
Deputy Medical Examiner for Howard Co.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-6-51
NAME OF CEMETERY OR CREMATORY Washington National
LOCATION (City, town, or county) (State) Laurel, Md.

DATE REC'D BY LOCAL REG. 12/4/51
REGISTRAR'S SIGNATURE John B. Laughlin
Pr. B.E.L. Frank Shipley
24. FUNERAL DIRECTOR ADDRESS F.C. higinbothom, Ellicott City, Md.

540-506

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 12248

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 190 T91

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge (rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1 approximately 1½ mile south of Elkridge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5332 Belle Place N.E.

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) Murray (Last)
4. DATE OF DEATH (Month) 12-1-51 (Day) (Year) 19

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1929
9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Day Work
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Williams
14. MOTHER'S MAIDEN NAME Bessie Richenback

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Hose Williams, Washington, D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Skull Fracture at base — Instant

816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170 C (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY U.S. Route #1 (CITY OR TOWN) Near Elkridge (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 1 (Year) 1951 (Hour) 8 15 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? auto in which deceased was passenger struck another car and turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burgtorf M.D. (Degree or title) ADDRESS Deputy Medical Examiner for Howard Co. Ellicott City, Md. DATE SIGNED 12-1-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-5-51
NAME OF CEMETERY OR CREMATORY Bishopville
LOCATION (City, town, or county) (State) Bishopville, S.C.

DATE REC'D BY LOCAL REG. 12/2/51
REGISTRAR'S SIGNATURE John B. Longman Jr.
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

(Miss) E. Bird Williams, Registrar 12-4-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 5 1951
BUREAU V. S.

12249

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
LENGTH OF STAY (in this place) 71 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5715 Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural, give location) 5715 Main St.

3. NAME OF DECEASED (Type or Print) (First) Sallie (Middle) Catherine (Last) Peery
4. DATE OF DEATH (Month) Dec (Day) 5 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH July 13-1869
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Baltimore City Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Henry Toomey
14. MOTHER'S MAIDEN NAME Christina Oursprung
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs Virginia Moss 5715 Main St Elkridge 27 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho-pneumonia (Terminal)	2 da
443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Insuff	6 wks
43d	(c) General Arterio-sclerosis	3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility Arterial Hypertension 6 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1951, to Dec 5, 1951, that I last saw the deceased alive on Dec 5, 1951, and that death occurred at 10:21 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr B B Brumbaugh 5609 Main St Elkridge 27 Md 10/5/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/8/51
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REG. 12-6-51
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12250

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Savage, Md. — LENGTH OF STAY (in this place) 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route #1 South of Savage R.R. crossing. 4 mile

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural, give location) 33 Baltimore Avenue

3. NAME OF DECEASED (Type or Print): (First) LLOYD (Middle) SEWELL (Last) QUYNN Jr.

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1951

5. SEX: M.

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 9-28-1921

9. AGE last birthday: 30 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegrapher

10b. KIND OF BUSINESS OR INDUSTRY: B & O Railroad

11. BIRTHPLACE (State or foreign country): Norfolk Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lloyd Sewell Quynn Sr

14. MOTHER'S MAIDEN NAME: Pearl V. Whitehead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) World War 2.

16. SOCIAL SECURITY No. 703-07-9020

17. INFORMANT AND ADDRESS: Mrs Pearl Quynn, Savage Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) FRACTURE of Skull at Base — instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 816.5 (c) 1702

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY #1 U.S. Route — (CITY OR TOWN) Near Savage — (COUNTY) Howard — (STATE) Md.

TIME OF INJURY (Month) 12 (Day) 3 (Year) 1951 (Hour) 7 A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Deceased was struck by another car on U.S. Route #1

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burton (Degree or title) M.D.
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

ADDRESS Ellicott City. Md.

DATE SIGNED 12-3-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/6/51 — NAME OF CEMETERY OR CREMATORY Arlington National Cem. — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 12/5/51 — REGISTRAR'S SIGNATURE Frank Shipley

24. FUNERAL DIRECTOR — ADDRESS De Witt Donaldson, Laurel, Ind.

MARYLAND STATE DEPARTMENT OF HEALTH 12251

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City — LENGTH OF STAY (in this place): 2½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: B. City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1714 E. Federal St.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Schmidt Sr.
4. DATE OF DEATH: (Month) Dec (Day) 30 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Oct 13, 1877
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Repairman
10b. KIND OF BUSINESS OR INDUSTRY: B&O.
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mr. P. Schmidt 1714 E. Federal St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — ½ hr.

450.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic vascular disease — 2½ yrs

97

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis due to arteriosclerosis — 2½ yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27 1949, to Dec 30, 1951, that I last saw the deceased alive on Dec 30, 1951, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE: Irving J. Taylor MD (Degree or title) — ADDRESS: Pinel Clinic Ellicott City, Md. — DATE SIGNED: Dec 30 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1/3/52 — NAME OF CEMETERY, OR CREMATORY: Holy Cross Cem — LOCATION (City, town, or county): Balto. — (State): Md.
DATE REC'D BY LOCAL REG.: 1/2/52 — REGISTRAR'S SIGNATURE: A. W. Bedford
24. FUNERAL DIRECTOR: Chas. F. Hill — ADDRESS: 1501 E. Fort Ave.

VT 553-506

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

12252

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Columbia Road	STREET ADDRESS (If rural, give location) Columbia Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Sarah Virginia Spitler				4. DATE OF DEATH (Month) (Day) (Year) 12-25-51 19	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 5-1-1863	9. AGE last birthday 88 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Reynard			14. MOTHER'S MAIDEN NAME Annie Whetzel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Walter Spitler, Ellicott City, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular disease — 5 yrs.

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1949, to Dec. 23, 1951, that I last saw the deceased alive on Dec. 23, 1951, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leon C. Kochman, M.D. ADDRESS Ellicott City Md DATE SIGNED 12/26/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12-28-51	NAME OF CEMETERY OR CREMATORY Good Shepherd	LOCATION (City, town, or county) (State) Ellicott City, Md.
DATE REC'D BY LOCAL REG. Dec. 27, 1951	REGISTRAR'S SIGNATURE John B. Loughran Per B.E.L.	24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 2 1952
BUREAU V. S.